

Revision: HCFA-PM-91-4 (BPD)

	AUGUST	1991	<del>- 196</del> .
	State	WISCO	NSIN
Citation		7.4	State Governor's Review
42 CFR 430.1	12 (b)		The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.
			Not applicable. The Governor
			Does not wish to review any plan material.
			Wishes to review only the plan materials specified in the enclosed document.
I hereby certify that I am authorized to submit this plan on behalf of			
Department of Health and Family Services			
Date: 9]	1919	(I	Posignated Single State Agency)  Posty Partis
			(Signature)

Director, Bureau of Health Care Financing (Title)

TN No. 96-024 Supersedes

TN No. 91-0022

Approval Date 080 0 4 1996

Effective Date 7/1/96

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